STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911741	**08/12/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Arbor Glen Arbor Trace	**1000 Arbor Lake Drive Naples, FL 34110**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

An unannounced Limited Nursing Service (LNS) and Extended Congregate Care (ECC) survey was conducted on 8/18/14 at Arbor Glen, an Assisted Living Facility (ALF) in Naples, Florida.

No deficiencies were noted and no citations were given.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 26, 2014

Administrator
Arbor Glen Arbor Trace
1000 Arbor Lake Drive
Naples, FL 34110

Dear Administrator:

This letter reports findings of a Limited Nursing Service (LNS) and Extended Congregate Care (ECC) survey that was conducted on August 12, 2014 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone:(239) 335-1315, Fax:(239) 338-2372
AHCA.MyFlorida.com